

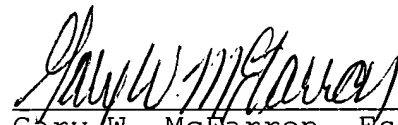
Notice, applicants have deleted the references to omitted Figure 7B in the drawings and specification. Accordingly, Figure 7A has been renumbered as Figure 7 on the enclosed corrected sheet of formal drawings, and a sketch is included showing the drawing corrections circled in red. In the specification, the references to Figure 7B have been deleted and a replacement paragraph has been provided, which does not add any new matter. A copy of the Notice of Omitted Items is enclosed.

It is believed that no fee is associated with this request. However, if any fee is due the Examiner is hereby authorized to charge Deposit Account No. 50-1039.

Respectfully submitted,

Date: January 24, 2002

By:



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Marked-Up Version of the Specification to Show Changes Made

As illustrated in Fig. 7 [Figs. 7A and 7B], the access tube 50 can be used to access a pericardial space PS from a subxiphoid approach. A patient's heart H underlies the sternum S beneath the chest wall CW, as illustrated in Fig. 7 [Fig. 7A]. The access tube 50 can be introduced beneath the inferior end of the sternum S to approach the parietal pericardium PP[, as illustrated in Fig. 7B]. The penetrating elements 56 can thus engage the parietal pericardium and draw it away from the visceral pericardium VP[, also as shown in Fig. 7B]. The access device 14 can then be introduced through the access tube 50 and into the enlarged pericardial space PS'. The access device 14 can be used for introducing a guidewire or any of the other purposed described above.

Marked-Up Version of Claim 21 to Show Changes Made

21. (Amended) A kit for accessing the pericardial space between the visceral and parietal pericardium, said kit comprising:

an access tube having a distal end which can be selectively embedded into tissue; and

instructions for use setting forth a method for accessing an
anatomic space having a wall with an outer surface, said method
comprising:

embedding a distal end of an access tube into the outer
surface;

drawing the access tube proximally to raise the wall over
the anatomic space and to enlarge the anatomic space; and

introducing an access device through the access tube,
penetrating the wall and into the anatomic space while the access
tube stabilizes the wall [as in claim 1].

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FIG.5E

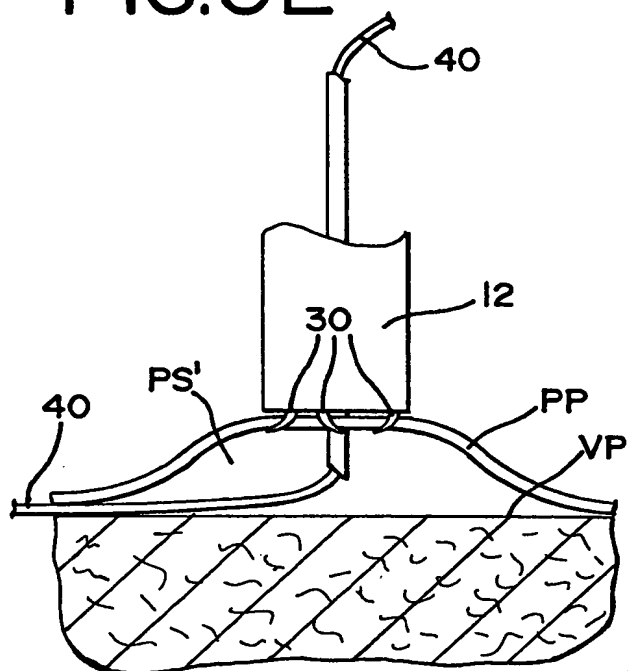


FIG.5F

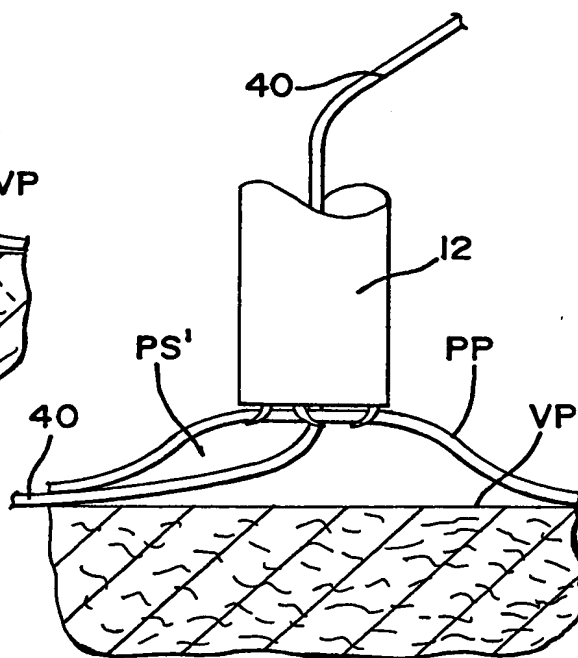


FIG.6

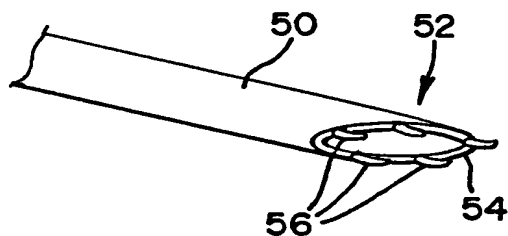


FIG.7A

